2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061228

1. Entity Name
FOX BROWN ROAD LLC

Principal Place of Business	Mailing Address
8862 ESTATES DRIVE WEST PALM BEACH, FL	8862 ESTATES DRIVE WEST PALM BEACH, FL 33411

30003924

DO NOT WRITE IN THIS SPACE

02082006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1503457	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KURTZ, JOHN
1280 NO. CONGRESS AVE.
107
WEST PALM BEACH; FL 33409

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	HASTINGS, PATRICIA
STREET ADDRESS	8862 ESTATES DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   3/2/06   501-718-6519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #